

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

70763539 01/26/04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13	/					
14		/				
15	/					
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22	/					
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39	/					
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		3				
62	/					
63	/					
64	/					
65	/					
66	/					
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73	/					
74		/				
75	/					
76		/				
77		/				
78		/				
79		/				
80		/				
81	/					
82		3				
83		3				
84		3				
85		3				
86		3				
87		3				
88		3				
89		3				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						